

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	(Signature)		10-13-2000
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 II ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 -+ ..... Restricted      O ..... Objected

Claim	Date
1	Original
2	12/15/00
3	12/15/00
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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